

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | HL | | 7-18-01 |
| O.I.P.E. CLASSIFIER | | 48 | 7/25/01 |
| FORMALITY REVIEW | ST | 1021 | 08/29/01 |
| RESPONSE FORMALITY REVIEW | MTB | 954 | 11/7/01 |

INDEX OF CLAIMS

| | | | |
|---|----------------------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| - | (Through numeral) Canceled | A | Appeal |
| + | Restricted | O | Objected |

| Claim | Date |
|----------------|--------|
| Final Original | |
| 1 | 7/1/01 |
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| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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APC(1110)
11-08-01
5M
8/29/01